

FORM PTO-447A
(Rev. 9-00)

Staple to face of Application

U.S. DEPARTMENT OF COMMERCE
PATENT & TRADEMARK OFFICE

APPLICATION TRANSFER REQUEST FOR S.N. 09/837,671

Section I. TRANSFER REQUEST BY (PRINT NAME)

SNIEZEK ANDREW L

Date August 13, 2001

TO: Art Unit 2151 Class/sub 709/315 From: A.U. 2651 Class 360

REASON:

shared objects claimed.

Gatekeeper concurrence

RSD for JS

Hand carried: Personally accepted by

Section II. DISPOSITION BY RECEIVING TC

A.U. _____ Date _____

☐ ACCEPTED BY RECEIVING T.C.

☐ NOT ACCEPTED

☐ Forward to Post Classifier

☐ Return to Originating Technology Center /AU _____

REASON:

DISPOSITION BY RECEIVING TC POST CLASSIFIER

☐ This dispute was resolved. Forward to Class/Sub _____ TC/AU _____ Post Classifier _____ Date _____

Concurring _____ Date _____

☐ This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL

Post Classifier Assessment:

Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL

Date _____

Panel Decision: Forward to Technology Center / Art Unit _____ Class/sub _____

REASON:

Panel Member _____ ☐ Concurring Panel Member _____

☐ This application MAY be returned to the dispute resolution panel if reconsideration is desired (use form 447R).


☐ This application MAY NOT be returned to the dispute resolution panel. THIS IS A FINAL DISPOSITION.

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/837621

| | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____ | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

| | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____ | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

| | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: <u>8/13/01</u> | FROM: <u>Smith</u> (print name) |
| FORWARD TO CLASSIFIER  | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

Not directed to Dynamic Magnetic Rec/Rep., required for class 360

DISPOSITION BY 2700 CLASSIFICATION

| | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____ | CLASSIFIER: _____ |
| FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____ | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |